



PORTS® '19

Pittsburgh, Pennsylvania | September 15-18



EXHIBITOR REGISTRATION DETAILS

Thank you for purchasing an exhibit booth! We look forward to seeing you in Pittsburgh.

Each booth comes with 1 Full Registration and 1 Exhibit Hall Only Registration.

- One Full Exhibitor Registration - **Complimentary**
- One Exhibit Hall Only Registration – **Complimentary**
- Two Additional Exhibit Personnel Registrations - **\$300** each by **8/22/19** or **\$400** each after **8/22/19**
Please note these registrations are per individual and are not exchangeable between staff.

Full Exhibitor Registration includes:	Complimentary Exhibit Hall Only Registration Includes:	Additional Exhibit Booth Personnel Registration includes:
<ul style="list-style-type: none"> • Welcome Reception (Sun) • Exhibit Hall Lunch (Mon) • Awards Luncheon (Tues) • Gala Dinner (Tues) • Exhibit Hall Lunch (Weds) • Proceedings • Access to all technical sessions • Access to all Refreshment Breaks 	<ul style="list-style-type: none"> • Access to Exhibit Hall ONLY • Access to all refreshment Breaks in the Exhibit Hall • Welcome Reception (Sun) • Exhibit Hall Lunch (Mon) • Exhibit Hall Lunch (Weds) 	<ul style="list-style-type: none"> • Access to Exhibit Hall ONLY • Access to all refreshment Breaks in the Exhibit Hall • Welcome Reception (Sun) • Exhibit Hall Lunch (Mon) • Exhibit Hall Lunch (Weds)

Please return the Exhibitor Registration form to exhibits@asce.org or fax to (877) 442-7214 or mail to ASCE/PORTS '19 P.O. Box 79668, Baltimore, MD 21279-0668 no later than **August 22, 2019.**



EXHIBITOR REGISTRATION FORM

Use one registration form per person

Each Exhibit Booth includes (1) Full Exhibitor Registration and (1) Exhibit Hall Only Registration, both complimentary. Up to (2) additional Exhibit Booth Personnel can register at \$300 each by 8/22/19 or \$400 each after 8/22/19. All other attendees must register as a Full or Daily Registrant.

Please complete the registration form including signature & payment information. Registrations will not be processed without full payment & registrant's full name. By submitting this registration form, the individual agrees to all the following registration policies:

- **Recording of Sessions:** Video or audio recording of any educational session is strictly prohibited without prior written permission from both ASCE and the session presenter(s).
- **Photograph Release:** By submitting the Registration form, I hereby release any photographs that may incidentally be taken of me during events by ASCE to be used for any purpose.
- **Liability Waiver:** By submitting the Registration form, I agree and acknowledge that I am undertaking participation in ASCE events and activities at my own free and intentional act, and I am fully aware that possible physical injury might occur to me as a result of my participation. I give this acknowledgement freely and knowingly that I am, as a result, able to participate in ASCE events, and I do hereby assume responsibility for my own wellbeing. I also agree not to allow any other individual to participate in my place.

CONTACT INFORMATION * *Indicates Required Information*

FIRST NAME * _____ MI _____ LAST NAME * _____

CREDENTIALS _____ BADGE NICKNAME _____

COMPANY/ORGANIZATION * _____

ADDRESS _____

CITY * _____ STATE * _____ ZIP CODE * _____ COUNTRY * United States _____

E-MAIL * _____

IMPORTANT:
Email must be unique per attendee

WORK PHONE _____

Become an COPRI/ASCE Member Today!
Visit www.asce.org/join or call 800-548-2723 for an application

Please answer these questions so that we may serve you better (* Indicates Required Information)

- | | |
|--|---|
| <p>1. My position is: <input type="checkbox"/> Partner/Principal <input type="checkbox"/> Senior Manager <input type="checkbox"/> Middle Manager <input type="checkbox"/> Technical/Professional Manager</p> <p>2. How many previous ASCE Conferences have you attended? <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 or more</p> <p>3. My age group: <input type="checkbox"/> Under 25 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-49 <input type="checkbox"/> 50-65 <input type="checkbox"/> Over 65</p> | <p>4. Are you: <input type="checkbox"/> Vegetarian <input type="checkbox"/> Lacto-Vegetarian <input type="checkbox"/> Ovo-Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Gluten-Free</p> <p>5. Check if you have allergies to: <input type="checkbox"/> Peanuts <input type="checkbox"/> Tree Nuts <input type="checkbox"/> Seafood <input type="checkbox"/> Other: _____</p> |
|--|---|



6. Check if you need specific aids or services:
 Deaf or Hearing Impaired Blind or Visually Impaired
 Wheelchair Bound Other: _____

FULL REGISTRATION

(1 per Exhibit Booth)

Exhibitor Full Registration – Complimentary \$0

Included Tickets: Included in exhibitor full registration are the events below.

We do not assume you are attending all these events so please checkmark all the events you plan to attend so you get a ticket, which is required when entering the event area.

- Sunday- Welcome Reception
- Monday - Exhibit Hall Lunch
- Tuesday - Awards Lunch
- Tuesday – Gala Dinner
- Wednesday – Exhibit Hall Lunch

EXHIBIT HALL ONLY - COMP

(1 per exhibit booth) (Exhibit Hall access only)

Additional Exhibitor Registration – Comp \$0

This registration will include tickets to all events that take place in the Exhibit Hall.

ADDITIONAL EXHIBIT PERSONNEL - \$300 BY 8/22/19, AFTER \$400

(up to 2 per exhibit booth) (Exhibit Hall access only)

Additional Exhibitor Registration @ \$300 by 8/22/19 \$300

– if registering after 8/22/19..... \$400

This registration will include tickets to all events that take place in the Exhibit Hall.

ADDITIONAL TICKETS

	Ticket Quantity
Sunday – Welcome Reception	<input type="checkbox"/> \$75 _____
Monday – Exhibit Hall Lunch	<input type="checkbox"/> \$60 _____
Tuesday – Awards Lunch	<input type="checkbox"/> \$60 _____
Tuesday – Gala Dinner	<input type="checkbox"/> \$175 _____
Wednesday – Exhibit Hall Lunch	<input type="checkbox"/> \$60 _____

PAYMENT: Full Payment, if applicable, must accompany this form. No REFUNDS are granted for on-site registrations.

Registration \$ _____
 Additional Tickets \$ _____

CHECK: Make payable to ASCE/ PORTS '19
 Checks must be issued in U.S. dollars & drawn on U.S. banks.

CREDIT CARD
 AMEX Visa Diners Club MasterCard Discovery

PURCHASE ORDER: # _____
 Submit a copy with this registration)

Credit Card # _____
 Security Code _____ Expiration Date _____

***TOTAL TO BE CHARGED:** \$

***SIGNATURE:**